1 2 3 4 5 6	E-filing	NORTH OF SEP S PH 2: SO  NORTH OF THE STATE OF THE SEPTIME OF THE
8		DISTRICT COURT
9	V 84328	
10	202564 D. HOSCO	V ( 400% i
11	Plaintiff,	CASE NO.
12	VS.	PRISONER'S APPLICATION TO PROCEED IN FORMA PAUPERIS
13 14	Robert House weder	IN FORMA FAUFERIS
15		(I.W
16	1, <u>Joseph Harac</u> , decl	are, under penalty of perjury that I am the plaintiff in
17	the above entitled case and that the information I	offer throughout this application is true and correct.
18	I offer this application in support of my request t	o proceed without being required to prepay the full
19	amount of fees, costs or give security. I state that	t because of my poverty I am unable to pay the
20	costs of this action or give security, and that I bel	ieve that I am entitled to relief.
21	In support of this application, I provide the	e following information:
22	Are you presently employed? Yes	_ No <u> </u>
23	If your answer is "yes," state both your gross and	I net salary or wages per month, and give the name
24	and address of your employer:	
25	Gross: N	
26	Employer:	
27	If the encurer is "no " state the data of last emplo	yment and the amount of the gross and net salary
28	PRIS. APPLIC. TO PROC. IN FORMA	yment and the amount of the gross and net salary
i		- 1 -

1	and wages per month which you received. (If you are imprisoned, specify the last place of								
2	employment prior to imprisonment.)								
3	wal-Mark (wooded adu 2 weeks).								
4	Never had any other job.								
5									
6	2. Have you received, within the past twelve (12) months, any money from any of the following								
7	sources:								
8	a.	Business, Profession or	Yes	No					
9		self employment							
10	ь.	Income from stocks, bonds,	Yes	No <u> </u>					
11		or royalties?							
12	c.	Rent payments?	Yes	No					
13	d.	Pensions, annuities, or	Yes	No 🚩					
14		life insurance payments?		,					
15	e.	Federal or State welfare payments,	Yes	No					
16	Social Security or other govern-								
17		ment source?							
18	If the answer	is "yes" to any of the above, describe each	ch source of money a	and state the amount					
19	received from	n each.							
20									
21	<u>.,.</u>								
22	3. Are y	ou married?	Yes	No					
23	Spouse's Full Name:								
24	Spouse's Place of Employment:								
25	Spouse's Monthly Salary, Wages or Income:								
26	Gross \$	Net \$							
27	4. a.	List amount you contribute to your sp	ouse's support : \$	<u> </u>					
28	b. List the persons other than your spouse who are dependent upon you for support PRIS. APPLIC. TO PROC. IN FORMA								
	PAUPERIS, Case No 2 -								

		STOWN OF CONTROL STATE STATE
children, list only t	their initials and ages. DC	O NOT INCLUDE THEIR NAMES.)
	_	
		Yes No
5. Do you own or are you bu		<del></del>
Estimated Market Value: \$		Yes No
6. Do you own an automobile  Make Ye		
Is it financed? Yes No		·
Monthly Payment: \$		
		(Do <u>not</u> include account numbers.)
Name(s) and address(es) of bank:		
Descent belowed (a)		
Do you own any cash? Yes	No 🗸 Amount: \$_	
Do you own any cash? Yes  Do you have any other assets? (If	No Amount: \$_ "yes," provide a descripti	
Do you own any cash? Yes	No Amount: \$_ "yes," provide a descripti	
Do you own any cash? Yes  Do you have any other assets? (If market value.) Yes No	No Amount: \$_ "yes," provide a descript	
Do you own any cash? Yes  Do you have any other assets? (If market value.) Yes No  8. What are your monthly ex	No Amount: \$_ "yes," provide a descripti penses?	ion of each asset and its estimated
Do you own any cash? Yes  Do you have any other assets? (If market value.) Yes No  8. What are your monthly ex Rent: \$ C	No Amount: \$	ion of each asset and its estimated
Do you own any cash? Yes  Do you have any other assets? (If market value.) Yes No  8. What are your monthly ex Rent: \$ C	No Amount: \$	ion of each asset and its estimated
Do you own any cash? Yes  Do you have any other assets? (If market value.) Yes No  8. What are your monthly ex Rent: \$ C	No Amount: \$	ion of each asset and its estimated
Do you own any cash? Yes  Do you have any other assets? (If market value.) Yes No  8. What are your monthly ex Rent: \$  Food: \$  Charge Accounts:	No Amount: \$	ion of each asset and its estimated
Do you own any cash? Yes  Do you have any other assets? (If market value.) Yes No  8. What are your monthly ex Rent: \$  Food: \$ Charge Accounts:  Name of Account	No Amount: \$_ "yes," provide a description  penses?  Utilities: Clothing:	ion of each asset and its estimated
Do you own any cash? Yes  Do you have any other assets? (If market value.) Yes No  8. What are your monthly expected to the second to the seco	No Amount: \$_ "yes," provide a description  penses?  Utilities: Clothing:	ion of each asset and its estimated  C  Total Owed on This Acc
Do you own any cash? Yes  Do you have any other assets? (If market value.) Yes No  8. What are your monthly expected to the second to the seco	No Amount: \$_ "yes," provide a description  penses?  Utilities: Clothing:	Total Owed on This Acc
Do you own any cash? Yes  Do you have any other assets? (If market value.) Yes No  8. What are your monthly ex Rent: \$  Food: \$  Charge Accounts:  Name of Account	No Amount: \$_ "yes," provide a description  penses?  Utilities: Clothing:	Total Owed on This Acc

1					
2					
3	10. Does the complaint which you are seeking to file raise claims that have been presented in				
4	other lawsuits? Yes No				
5	Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in which				
6	they were filed.				
7					
8					
9	I consent to prison officials withdrawing from my trust account and paying to the court the				
10	initial partial filing fee and all installment payments required by the court.				
11	I declare under the penalty of perjury that the foregoing is true and correct and understand				
12	that a false statement herein may result in the dismissal of my claims.				
13	August 8m 2007 All Mon				
14					
15 16	DATE SIGNATURE OF APPLICANT				
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
	PRIS. APPLIC. TO PROC. IN FORMA				
ĺ	PAUPERIS, Case No 4 -				

Case Number:_	
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**CERTIFICATION OF FUNDS** 

IN

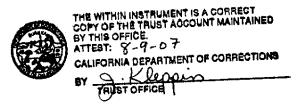
# PRISONER'S ACCOUNT

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of <u>Joseph Deonn Horne V84328</u> for the last six months at <u>Pelican Bay State Prison</u> where he is confined.

I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$3.75 and the average balance in the prisoner's account each month for the most recent 6-month period was \$7.37. (20%= \$1.48)

Dated: 8/9/07

Authorized officer of the institution



Case 4:07-cv-04592-SBA Document 2 Filed 09/05/2007

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REPORT DATE: 08/09/07 PAGE NO:

> CALIFORNIA DEPARTMENT OF CORRECTIONS PELICAN BAY STATE PRISON INMATE TRUST ACCOUNTING SYSTEM INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: FEB. 01, 2007 THRU AUG. 09, 2007

ACCOUNT NUMBER : V84328 BED/CELL NUMBER: AFOIL 000000120L

ACCOUNT NAME : HORNE, JOSEPH DEONN ACCOUNT TYPE: I

PRIVILEGE GROUP: D

TRUST ACCOUNT ACTIVITY

DATE	TRAN	DESCRIPTION	COMMENT	CHECK NUM	DEPOSITS	WITHDRAWALS	BAL ANCE
02/01	/2007	BEGINNING BA	ALANCE				0.00
		CHECK DEPOSIT			45.00 22.50		45.00 67.50
03/20	W502	POSTAGE CHARG			50.00	0.39	67.11
03/30	V0F1	ADMIN FEE-RES	3466 DISCK		5.00	100.00	122.11
04/02	W513	MISC. CHARGES	3480	203140(5Y		100.00	22.11 21.71
04/03	F C 0 6	DRAW-FAC 6	3496 A-1			21.71	0.00

#### CURRENT HOLDS IN EFFECT

DATE	HOLD			
PLACED	CODE	DESCRIPTION	COMMENT	HOLD AMOUNT
			~~~~~~~~~	
05/09/2007	H103	DAMAGES-REFUSED TO SIGN HOLD	4108	4.22

## \* RESTITUTION ACCOUNT ACTIVITY

DATE SENTENCED: 04/28/05 CASE NUMBER: SS030908

COUNTY CODE: MON FINE AMOUNT: \$ 1,600.00

DATE	TRANS.	DESCRIPTION	TRANS, AMT.	BALANCE
		ميد جين بين جون جون وين الله بايد بين الله الله الله الله الله الله الله الل		
02/01/2007	BEGINNIN	G BALANCE		1,518.00
03/16/07 03/19/07 03/30/07	DR31 DR30 VOR1	REST DED-CHECK DEPOSIT REST DED-CASH DEPOSIT REST OVERPMT ONLY	50.00- 25.00- 50.00	1,468.00 1,443.00 1,493.00



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PAGE NO:

### PELICAN BAY STATE PRISON INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: FEB. 01, 2007 THRU AUG. 09, 2007

ACCT: V84328

ACCT NAME: HORNE, JOSEPH DEONN

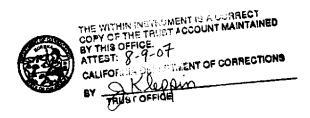
ACCT TYPE: I

\* THIS STATEMENT DOES NOT REFLECT THE ADMINISTRATIVE FEE CHARGE THAT \*

\* IS EQUAL TO TEN PERCENT OF THE RESTITUTION AMOUNT COLLECTED.

### TRUST ACCOUNT SUMMARY

BEGINNING	TOTAL	TOTAL	CURRENT	HOLDS	TRANSACTIONS
BALANCE	DEPOSITS	WITHDRAWALS	BALANCE	BALANCE	TO BE POSTED
0.00	122.50	122.50	0.00	4.22	0.00



CURRENT AVAILABLE BALANCE 4.22-